

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA)**

Providers may submit spell of illness (SOI) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Spell of Illness Attachment (PA/SOIA) Completion Instructions (HCF 11039A).

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Age — Recipient
3. Recipient Medicaid Identification Number	

SECTION II — PROVIDER INFORMATION

4. Name and Credentials — Therapist	5. Therapist's Medicaid Provider Number
6. Telephone Number — Therapist	7. Name — Prescribing Physician

SECTION III — DOCUMENTATION

8. Requesting SOI for <input type="checkbox"/> Physical Therapy (PT) <input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Speech and Language Pathology (SLP)	
9. Requested Start Date	10. Primary <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) Diagnosis Code or ICD-9-CM Surgical Procedure Code
11. Indicate "yes" or "no" in response to each of the following statements (Only one of "A" through "F" in addition to "G" must be marked "yes" for SOI approval. Otherwise, the PT, OT, or SLP provider should submit the Prior Authorization Request Form [PA/RF] and the Prior Authorization/Therapy Attachment [PA/TA]).	
A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
AND	
G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the documentation of the date of onset, exacerbation, or regression of the recipient's disease, injury, or condition is as stated above. The specific start date of the SOI is maintained in the recipient's medical record at my facility and I acknowledge that the SOI ends when the services of a therapist are no longer required or after the maximum allowable treatment days have been used, whichever comes first.

12. SIGNATURE — Therapist Providing Evaluation / Treatment	13. Date Signed
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Continued

Examples of statements A-F from Element 11:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Diabetic neuropathy.
 - Multiple sclerosis.
 - Parkinson's disease.
 - Stroke-hemiparesis.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Amputation.
 - Complications associated with surgical procedures.
 - Fracture.
 - Strains and sprains.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Cardio-pulmonary conditions.
 - Severe pain.
 - Vascular condition.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Affective disorders.
 - Organic conditions.
 - Thought disorders.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Multiple sclerosis.
 - Parkinson's disease.
 - Rheumatoid arthritis.
 - Schizophrenia.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less. Examples of this situation include, but are not limited to:
- Decrease of functional ability.
 - Decrease of mobility.
 - Decrease of motion.
 - Decrease of strength.